



VFC PROVIDER FEEDBACK SURVEY

The Louisiana Immunization Program welcomes your opinions about the Vaccines for Children (VFC) program. Please take a few moments to complete the following survey. Your answers are optional but will help us improve the program to serve both you and your VFC patients better.

Provider/Clinic Name: _____

VFC Provider Identification Number (PIN): _____

Date: _____

Address: _____

Street
City
Parish
Zip Code

Telephone number: _____

E-mail: _____

Person Completing Survey: _____

Title: _____

For questions 1-9, please circle the number which best describes your experience with the VFC program using the scale from 1 (Very Dissatisfied) to 5 (Very Satisfied).

	Very Dissatisfied	Dissatisfied	Neither Dissatisfied nor Satisfied	Satisfied	Very Satisfied
1. The support, information, and materials provided by state/local VFC program staff.	1	2	3	4	5
2. The ease of screening patients for VFC eligibility.	1	2	3	4	5
3. The ease of VFC recordkeeping.	1	2	3	4	5
4. The ease of using the VFC vaccine-ordering system.	1	2	3	4	5
5. The condition of VFC-supplied vaccine at delivery.	1	2	3	4	5
6. The decreased need to refer children to public clinics for immunizations.	1	2	3	4	5

7. The effectiveness of the VFC-inventory accountability system.	1	2	3	4	5
8. The variety of vaccine-brand choices available for VFC vaccines.	1	2	3	4	5
9. Your overall satisfaction with the VFC program.	1	2	3	4	5

10. Which of the following vaccines does your practice/clinic **not** routinely administer? (Please check all that apply)

DTaP MMR Hepatitis A Hepatitis B PCV13 PPSV23 Polio Hib Varicella
 HPV Influenza MenACWY MenB Rotavirus Td Tdap Others: _____

11. a. Does this practice/clinic have a systematic way to identify and recall children in need of vaccinations? Yes No

b. If Yes, what system(s) do you use? recall system, EMR/EHR recall system, tickler file recall system, LINKS
 (Please check all that apply) periodic chart reviews Other: _____

12. Has anyone from the Immunization Program conducted a presentation of the Reminder/Recall feature in LINKS at your clinic? Yes No

13. Would you like someone to contact you to schedule a presentation of the Reminder/Recall feature in LINKS? Yes No

14. What recommendations do you have for improving the VFC program? _____

15. Please share any effective procedure(s) you follow to improve vaccine-coverage rates in your practice. _____

Please mail, fax, or e-mail your completed form to: Louisiana Department of Health
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